| 1, 6, 7, 8, 10, 12, 13,14 Application or Docket Number                   |  |                                   |                  |                          |               |  |                   |            |                 |          |                        |         |                     | per                    |
|--|--|-----------------------------------|------------------|--------------------------|---------------|--|-------------------|------------|-----------------|----------|------------------------|---------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999 |  |                                   |                  |                          |               |  |                   |            |                 |          |                        |         |                     | 2                      |
| 101133   |  |                                   |                  |                          |               |  |                   |            |                 |          |                        |         |                     |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                                   |                  |                          |               |  |                   |            |                 | L I      | ENTITY                 | OR      | OTHER<br>SMALL      |                        |
| FOR  |  |                                   | NUMBER FILED NUM |                          |               |  | BER EXTRA         |            |                 | E        | FEE                    | ı       | RATE                | FEE                    |
| BASIC FEE  |  |                                   |                  |                          |               |  |                   |            |                 |          | 345.00                 | OR      |                     | 690.00                 |
| TOTAL CLAIMS   |  |                                   | <u></u>          |                          |               | X\$ 9                                      | =                 |            | OR              | X\$18=   |                        |         |                     |                        |
| INDEPENDENT CLAIMS   |  |                                   | 8 minus 3 = . 5  |                          |               |  |                   |            | X39=            |          |                        | OR      | X78=                | 340                    |
| MU   | MULTIPLE DEPENDENT CLAIM PRESENT               |                                   |                  |                          |               |  |                   |            |                 | +130=    |                        | OR      | +260=               | 2112                   |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                                   |                  |                          |               |  |                   | 1          | TOTAL           |          | OR                     | TOTAL   | 1180                |                        |
|  | ·  | 2MIA                              | A 2 A            |                          | ,             |  |                   | OTHER      | THAN            |          |                        |         |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |                                   |                  |                          |               |  |                   |            | SMAL            | LL       | ENTITY                 | OR      | SMALL               |                        |
| AMENDMENT A  |  | CLAII<br>REMAII<br>AFTE<br>AMENDI | NING<br>R        |                          | PI            | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  |            | RATE            | 1.1      | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . /                               | 7                | Minus                    |               | 20   | <b>.</b>          |            | X\$ 9:          | =        |                        | OR      | X\$18=              |                        |
|  | Independent                                    | . 6                               | 7                | Minus                    | ••            | 0  | <b>-</b> ◆        |            | X39=            | _        |                        | OR      | X78=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                   |                  |                          |               |  |                   |            |                 |          |                        |         |                     |                        |
|  |  |                                   |                  |                          |               |  |                   |            |                 | =        |                        | OR      | +260=               |                        |
|  |  |                                   |                  |                          |               |  |                   |            | TOT<br>ADDIT, F |          |                        | OR      | TOTAL<br>ADDIT, FEE | 0                      |
| らって4を5 (Column 1) (Column 2) (Column 3)                                  |  |                                   |                  |                          |               |  |                   |            |                 |          |                        |         | _1                  |                        |
| AMENDMENT B  |  | REMAII<br>AFTI<br>AMENDI          | NING<br>ER       |                          |               | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  |            | RATE            | 141      | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .17                               | ,                | Minus                    | ••            | 14   |                   |            | X\$ 9:          | ,        |                        | OR      | X\$18=              |                        |
|  | Independent                                    | . 5                               |                  | Minus                    | ••            | <u> </u>                                   | =                 |            | X39=            |          |                        | OR      | X78=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                   |                  |                          |               |  |                   |            |                 | <u>-</u> |                        | OR.     | +260=               |                        |
|  | ,  |                                   |                  |                          |               |  |                   | •          | TOT             |          |                        | OR      | TOTAL               |                        |
|  |  |                                   | •                | ADDIT. F                 | EE I          |  |                   | ADDIT. FEE |                 |          |                        |         |                     |                        |
| ၁  |  | (Colum<br>CLAI<br>REMAI           | MS               |                          | Γ"            | Column 2)<br>HIGHEST<br>NUMBER             | (Column 3)        | 1          |                 | 7        | ADDI-                  |         |                     | ADDI-                  |
| AMENDMENT  |  | AFTI                              | ER               |                          | P             | REVIOUSLY<br>PAID FOR                      | EXTRA             |            | RATE            |          | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE          |
|  | Total  |                                   |                  | Minus                    | -             |  | =                 |            | X\$ 9-          | <u>.</u> |                        | OR      | X\$18=              |                        |
|  | Independent                                    | •                                 |                  | Minus                    | •             |  | £                 |            | X39=            |          |                        | OR      | X78=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                   |                  |                          |               |  |                   |            | -               | -        |                        | UT.     |                     |                        |
|  |  |                                   | . <b>46</b> A    | a a <b>st</b> a; in ant. | , mar = -     | ) weite W is se                            | birmo 3           |            | +130            |          |                        | OR      | +260=               |                        |
| ••   | I the entry in colu<br>II the "Highest Nu      | mber Previ                        | ously Pa         | id For IN TH             | IS SP         | ACE is less tha                            | n 20, enter "20." | •          | TOT<br>ADDIT, F |          |                        | OR      | TOTAL<br>ADDIT: FEE |                        |
| l  | If the "Highest Nu<br>The "Highest Nur         | ımber Previo<br>nber Previo       | usty Pai         | moror (Notal o           | ic cu<br>indi | ependent) is the                           | highest numbe     | r fol      | und in the      | ар;      | propriate bo           | z in co | lumn 1.             |                        |